

SERIAL # _____

NAVY GAS FREE CERTIFICATION AND TEST LOG

INITIAL CERTIFICATION			TEST RESULTS																
SHIP/UNIT/ACTIVITY: _____ ITEM/COMPARTMENT/SPACE: _____ TYPE OF OPERATION TO BE CONDUCTED: _____ INITIAL DATE OF TEST: HOUR: _____ DATE: _____ INITIAL EXPIRATION: HOUR: _____ DATE: _____ VENTILATION REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE: _____ _____ _____ INERTED GAS: _____ (gas) OR PRESSED UP WITH: _____ (liquid) REQUIREMENTS/CONCLUSIONS/PREScribed PRECAUTIONS/INSTRUCTIONS: _____ _____ _____ _____			TEST CONDUCTED AS REQUIRED OXYGEN COMBUSTIBLE GAS TOXIC TYPE: TOXIC TYPE: TOXIC TYPE: TOXIC TYPE:		INITIAL TEST 	1ST RETEST 	2ND RETEST 												
GAS FREE RELATED HOT WORK PQS QUALIFIED FIRE WATCHES ASSIGNED <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">LOCATIONS</th> <th style="width: 35%;">PRINT NAME/RATE</th> <th style="width: 50%;">SIGNATURE* (UPON COMPLETION)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> TIME SECURED _____ <small>*FINAL CHECKUP: WORK AREA AND ALL ADJACENT AREAS TO WHICH SPARKS AND HEAT MIGHT SPREAD WERE INSPECTED 30 MINUTES AFTER THE WORK WAS COMPLETED AND WERE FOUND TO BE FIRE SAFE. THE EQUIPMENT AND STRUCTURES WORKED ON WERE COOL TO THE TOUCH.</small> I CERTIFY THAT I AM FAMILIAR WITH AND WILL COMPLY WITH ALL SAFETY PRECAUTIONS PERTINENT TO THIS TYPE OF WORK. HOT WORK OPERATOR SIGNATURE _____ HOT WORK SUPERVISOR _____ FIRE MARSHAL _____			LOCATIONS	PRINT NAME/RATE	SIGNATURE* (UPON COMPLETION)										EXISTING CONDITIONS NOT SAFE FOR PERSONNEL/ NOT SAFE FOR HOT WORK NOT SAFE FOR PERSONNEL WITHOUT PROTECTION/ NOT SAFE FOR HOT WORK SAFE FOR PERSONNEL/ NOT SAFE FOR HOT WORK SAFE FOR PERSONNEL/ SAFE FOR HOT WORK NOT SAFE FOR PERSONNEL INSIDE/SAFE FOR HOT WORK OUTSIDE		INITIAL TEST 	1ST RETEST 	2ND RETEST
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